







## TABLE OF CONTENTS

What is the colon?	2
Why do I need colon surgery?	3
Types of colon surgery	4
What is Enhanced Recovery After Surgery (ERAS)?	5
Before your surgery	7
The morning of your surgery	10
During your surgery	13
After your surgery	13
When you go home	16
Frequently asked questions	22
When to call the doctor	23
Potential complications from colon surgery	23
Exercises before your surgery	25
Instructions: Hibiclens bathing and incentive spirometry	28
Pre-admission Testing (PAT) Instructions and Holding Medications	31
Pre- and post-operative ERAS checklists	35
Hospital maps	45

# ELECTIVE COLON SURGERY

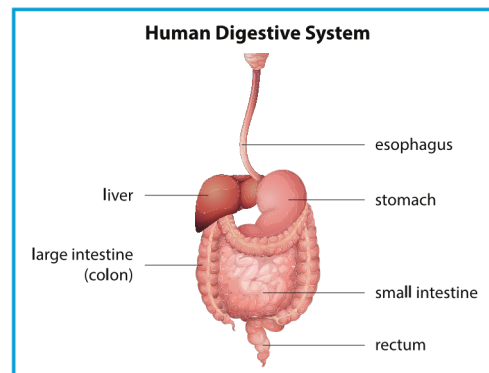
You and your surgeon decided that you will have colon surgery. It is normal to be nervous before surgery. The good news is colon surgery is common and in many cases cures the bowel conditions that required the surgery.

This booklet will answer many of the questions you may have about your upcoming surgery. You play an important role in your recovery, and this booklet will teach you how to improve the recovery process, explain the role you play and provide information about what to do before and after your surgery.

## WHAT IS THE COLON?

The colon is the large intestine, which makes up the lower part of your digestive tract. The intestine is a long, tubular organ consisting of the small intestine, the colon (*large intestine*) and the rectum, which is the last part of the colon. After food is swallowed, it begins

to be digested in the stomach and then empties into the small intestine, where the nutritional part of the food is absorbed. The remaining waste moves through the colon to the rectum and leaves the body as stool. The colon and rectum absorb water and hold the waste until your body is ready to have a bowel movement.





## WHY DO I NEED COLON SURGERY?

Colon surgery is performed to treat diseases that affect the intestines. During colon surgery, a diseased part of the large intestine (*colon*) or bowel is removed. The name and type of the procedure depends on what section of the colon is removed. The different conditions and diseases that affect the intestines include:

**Crohn's disease:** inflammation of the entire lining of the digestive tract.

Symptoms include abdominal pain and continual diarrhea.

**Ulcerative colitis:** tiny open sores in the inner layer of the colon.

Symptoms include abdominal pain and bloody diarrhea.

**Diverticulitis:** an inflammation or infection of small, bulging pouches (*diverticula*) located in the colon.

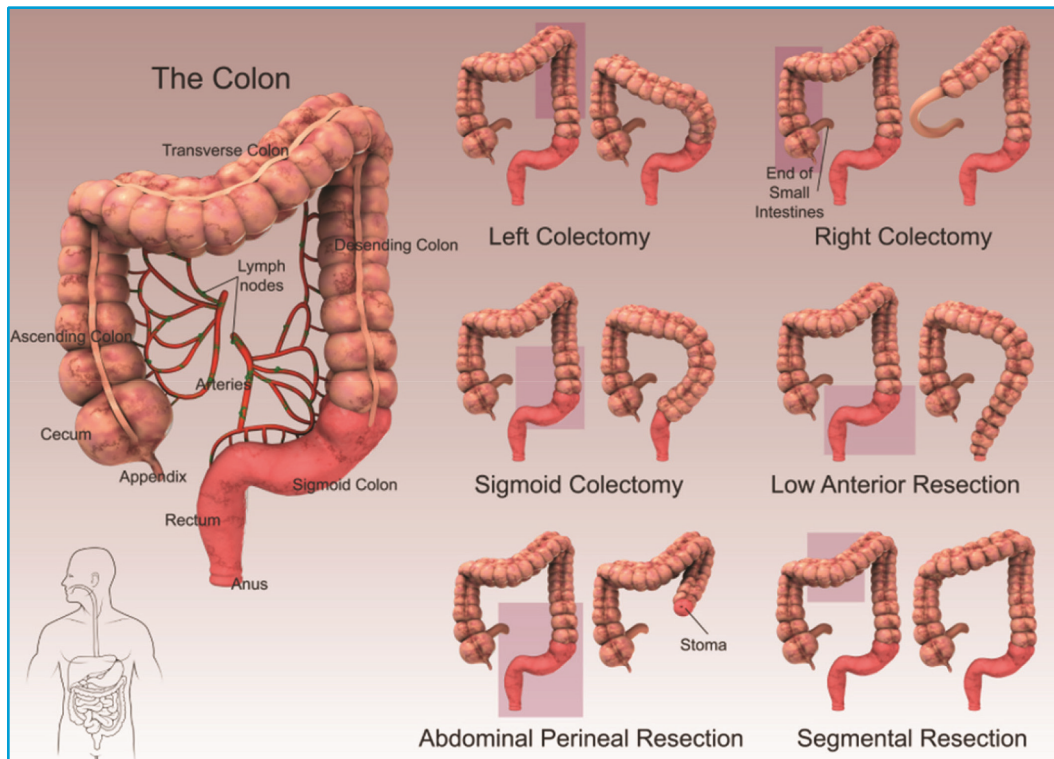
**Colorectal polyp:** any growth on the lining of the colon or rectum. These are usually harmless.

**Colorectal cancer:** a malignant (*cancerous*) tumor found in the colon or rectum.

**Blockage:** when your intestine becomes blocked and food and liquid can't pass. This can cut off the blood supply, causing tissue to die.

**Severe bleeding:** if doctors can't stop a bowel bleed, they may need to remove that section of the intestine.

## TYPES OF COLON SURGERY



**Left Colectomy:** the removal of the descending (*left*) colon.

**Right Colectomy:** the removal of the ascending (*right*) colon.

**Sigmoid colectomy:** the removal of the lower part of the colon that is connected to the rectum.

**Low Anterior Resection (LAR):** the removal of the upper part of the rectum.

**Abdominal Perineal Resection (APR):** the removal of the sigmoid colon, rectum and anus with the creation of a permanent colostomy.

**Segmental Resection:** the removal of a short piece of the colon.

**Total Colectomy:** the removal of the entire colon. The small intestine is then connected to the rectum.

**Total Proctocolectomy:** the removal of all or part of the colon and rectum.



## WHAT IS ENHANCED RECOVERY AFTER SURGERY (ERAS)?

Your surgeon feels that you are good candidate for our ERAS Program.

This program uses the best practices in surgical care to help you recover and get home as quickly and as safely as possible after your surgery. ERAS is designed to minimize your body's stress response to surgery and decrease complications by following specific steps from the time you make the decision to have surgery until you leave the hospital.

### What are the goals of ERAS?

- Provide you with specific teaching about your procedure and what you can do to have the best outcome possible.
- Improve your health before surgery through proper nutrition, exercise and if needed, help you to stop smoking.
  - *Studies show that smoking cigarettes increases your risk for infections such as pneumonia and surgical site infections. If you are interested in learning how to quit, please talk to your doctor or nurse or call **(800) QUIT-NOW (784-8669)**.*
- Use the most modern anesthesia methods.
- Promote return of bowel function as soon as possible.
- Use best practices for diet, bowel preparation, antibiotics and hydration.
- Have patients walk on the day of surgery and at least three times a day after that.
  - ***Please remind your nurse to help you to get out of bed and walk the day of surgery.***
- Provide options other than narcotics (*opioids*) to help treat your pain.
- Help you start drinking and eating soon after surgery with easy-to-digest liquids and foods.
- Help you keep track of your daily activities to lower your risk of pneumonia and other complications.



**Why is this Important? Because simple things can make a big difference.**

- ERAS improves surgical outcomes and decreases recovery times.
- Complications can be prevented by getting out of bed, sitting in a chair, walking regularly and doing breathing exercises.
- Regular exercise up until the date of your surgery can improve your body's ability to heal. Ask your doctor or nurse about getting started today.
  - See examples of some exercises that you can begin today on page 27 in this booklet.

**You play an important role in your recovery. This booklet will give you information on how you can help avoid:**

- Pneumonia
- Blood clots
- Prolonged "sleeping bowels" or ileus
- Lengthy hospital stay



## BEFORE YOUR SURGERY

### Preparing for Surgery

Your surgeon may have you see your primary care doctor or visit the Pre-Operative clinic for surgical clearance. Your surgeon or Pre-Op clinic healthcare providers may order additional tests to make sure you are ready for surgery. **If you smoke, vape or consume any form of nicotine products, QUIT NOW! Call (800) QUIT-NOW (784-8669).** Studies show patients who do not consume nicotine products heal faster and have fewer complications than smokers. You will also get instructions about drinking carbohydrate and protein drinks before surgery to help improve your nutritional status before surgery. The protein drink will be given to you at your surgeon's office.

### Consent Forms

Before surgery, you must sign a consent form. This document is a legal paper that says your surgeon has told you about your surgery and any potential risks. Be sure to ask your surgeon any questions you may have about the surgery before signing the form. By signing this form, you are saying that you agree to have the operation and understand the risks involved. The consent form also includes permission to receive a transfusion of blood or blood products if you need them before, during or after the procedure. If you do not want to receive blood or blood products for medical or religious reasons please let your surgeon and your nurse know. There is a different consent form for Bloodless Medicine & Surgery.

### Getting Ready for the Hospital

There are several items you will want to bring to the hospital to make your stay as safe and comfortable as possible. Please put your name on all your belongings.

#### **Bring with you to the hospital:**

- A list of all medicines you take (*including over-the-counter medicines, vitamins and supplements*).
- A list of allergies you have related to food, clothing, medicine, etc. and how you react to these items.

- Photo identification, insurance card and any requested co-pay amount.
- If you wear contact lenses, please bring the lens case and solution with you. They must be removed before surgery.
- Bring your glasses, hearing aids, dentures or other assistive devices(*e.g., CPAP machine*) with you if you rely on them. Once you go into surgery, these devices will be given to your family.
- Pack and bring a bag of items that you need for your hospital stay such as toiletries, slippers with a gripping surface, a robe and a change of clothes for your discharge. Please leave your bag in the car and have your visitors bring it to you when your hospital room is assigned. If you bring a pillow, use a patterned or colored pillow case.
- Reading materials, electronics, etc. to help pass the time. Wi-Fi is available in the hospital.

**Do NOT bring:**

- Any valuables (*e.g., jewelry*)
- Any medicines unless you are told to

**Nutrition Before Surgery** Good nutrition is important for your recovery.

Getting enough calories and protein before and after surgery helps your body heal properly. Patients in the ERAS program are asked to drink two protein drinks a day for seven days before surgery. Patients are also asked to drink two



carbohydrate drinks on the day before surgery and one carbohydrate drink before they arrive at the hospital on the day of their operation.



## Bowel Preparation

Before colon surgery, it is important that the colon is relatively free of digested food material (*i.e. stool or poop*). Cleaning out your bowel—also called the colon or large intestine—before your surgery is another important step. To do this, you will need to drink a special liquid mixture, called a bowel prep, the day before your surgery. It's very important that you follow the mixing instructions carefully. You must drink all of the bowel prep solution according to the schedule so that your bowel is completely cleaned and free of stool. If you experience very bad stomach cramps, upset stomach, vomiting or have any questions, call your surgeon's office for further instructions.



***\* Some colon surgeries do not require a bowel prep depending upon what area of the colon is removed. Your surgeon will tell you if you need to perform a bowel prep.***

## The Day Before Surgery

You will need to wash your entire body with a special soap the night before and the morning of surgery. The soap will be given to you at your surgeon's office once your surgery is scheduled. The soap will help prevent infection during your hospital stay. Instructions for use are printed in this booklet on page 31.

If you take insulin, heart or blood pressure pills daily, talk with your doctor or nurse. They will make sure you do not miss any medicine that you need. Remove nail polish, jewelry or body piercings.

## THE MORNING OF YOUR SURGERY

### Registration

You are scheduled to arrive early to allow time to register for your surgery and for the nurse to perform an assessment, start your IV and complete all required paperwork and any additional lab tests if needed. Please note surgery time changes are common. We change the surgery schedule in response to cancellations and emergency surgeries with other patients. If your surgery time changes, your doctor's office or a member of the hospital staff will notify you.

### What to Expect after Registration/Pre-Operative Area

**Once you are registered you will be taken to the Pre-Op area where you will be asked to remove:**

- Dentures, hearing aids, etc.
- Hairpins, wigs, etc.
- Glasses and contact lenses
- Clothing, including undergarments (*you will be given a hospital gown to wear during surgery*)
- Jewelry

You will meet with your surgery team including nurses, an anesthesiologist and your surgeon. Be sure to ask any last-minute questions or discuss any concerns you have. To help prevent infections, the Pre-Op nurse will wipe your entire body with a bacterial wipe and swab your nostrils with povidone-iodine (*Betadine*).

You will get a warm blanket to keep you comfortable. You will practice using the incentive spirometer, a tool used for breathing exercises (*see instructions for use on page 30 in this booklet*). Using the incentive spirometer can help prevent pneumonia. It is important to use it on your own to help with your recovery.

You can visit with your family before going to the operating room. Please be sure to have the person staying with you during the surgery keep your personal items with them. You should use the bathroom before you leave the Pre-Op area. A member of the hospital staff will show your family to the waiting area when you go for your operation. You will ride on a stretcher (*a bed with wheels*) to the operating room.

A member of the operating room staff will contact a family member or designee, during your surgery to update them on your progress. Most of the time, colon surgery lasts from one to three hours.

### **Anesthesia**

You will meet your anesthesiologist on the day of surgery before leaving the pre-operative area. Your surgeon and anesthesiologist will help you choose the best anesthesia methods for your procedure. You will not feel pain during the surgery. You may receive two or three different types of pain medicines before surgery to help with pain control after surgery.

#### **The types of anesthesia you can have include:**

**Local:** injection at incision sites

**Regional:** TAP block (*abdominal area*)

**General:** you are put to sleep

Anesthesia may cause nausea in some people. Please tell your doctors if you tend to get nauseated easily. The risk of nausea can be lowered with medicine. An anti-nausea patch can be placed behind your ear if you have had severe nausea and vomiting in the past.

### **Blood Sugar (*Glucose*) Management**

The nurses will check your blood sugar by sticking your finger. The goal is to have a blood sugar level less than 140. If your blood sugar is more than 200, it will be treated with insulin and your blood sugar will be rechecked again during surgery.

### **Other Procedures**

You will have an intravenous catheter (*IV*) placed in your arm. The IV lets your doctor replace fluids lost during surgery and allows your care team to give you pain medication, antibiotics and any other medications you may need. The IV catheter is removed before you leave the hospital in most cases.

You may have a local anesthetic block placed before the surgery to reduce post operative discomfort.

You may have a surgical drain placed during surgery. The drain is used to reduce blood and fluid buildup in the surgery site. The drain is usually removed within a week of your procedure.

## **Ostomy**

An ostomy is a surgical opening where the colon (*colostomy*) or small intestine (*ileostomy*) is brought to the surface of your belly, and a pouch is worn to collect your stool (*not all colon surgeries will include an ostomy*). The purpose is to allow stool to bypass a diseased or damaged part of the small or large intestine and allow the bowel to rest while not placing any more strain on newly made incisions and sutures.

Ostomies can be temporary or permanent depending upon the medical reason for your surgery. The appearance of the stool that you will see in the ostomy bag may change. It typically starts out fairly liquid and then becomes more formed as you begin eating a regular diet.

The opening that the surgeon made in your belly is called a stoma. The stoma is usually swollen after surgery. It can take weeks or months for the stoma to shrink to its permanent size. Stomas come in a variety of shapes and sizes. **A healthy stoma:**

- is pink or red in color
- is slightly moist
- is not painful
- bleeds easily when rubbed or bumped (*e.g., washing*)

You may see the ostomy nurse before surgery to mark your belly in case your surgeon feels it is necessary to give you a stoma. Your wound care nurse (*WOCN*) will meet with you before you leave the hospital. He or she will show you how to take care of your stoma when you go home, order supplies and review any necessary diet changes.



## DURING YOUR SURGERY

Expect that your healthcare team will provide you with the best care available.

The surgical team includes your surgeon, the anesthesiologist, a surgical assistant, an operating room nurse and other healthcare providers committed to providing safe, high-quality surgical care.



## AFTER YOUR SURGERY

### Recovery Room

After surgery, you will spend time in the recovery room before going to your hospital room. The length of time varies from person to person, and it is usually between one and three hours. The recovery room (*also called the post-anesthesia care unit or PACU*) staff will monitor your blood pressure and heart rate very closely. Your doctor will speak to your family member(s) in the waiting area when you go to the recovery room after your surgery. Later, you will go to your hospital room. When you get to your hospital room, the unit staff will continue to check your temperature, heart rate, blood pressure and comfort level regularly throughout your hospital stay.

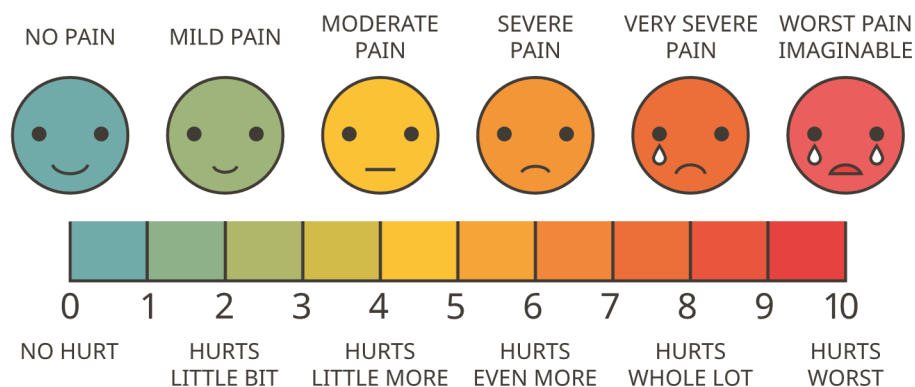
## Pain

It is important that you begin moving as soon as possible after surgery. Walking often helps to prevent surgical complications. Expect to walk in the hospital the day of your surgery. To do this, your pain needs to be well managed.

It is normal to have some pain or discomfort after abdominal surgery, but not enough to stop you from walking and sitting in a chair for your meals. Be sure to speak with your surgeon and anesthesiologist before surgery about pain medications and options to help you feel more comfortable after your surgery. Some options for pain control include pain medication, deep breathing, relaxation exercises, cold and hot therapies and splinting your abdomen when you cough or move. Do not wait to tell someone if you are hurting. If your pain is managed correctly, you can begin walking sooner which helps you heal faster.

Your nurse and surgeon will use a pain scale to measure the amount of discomfort you have. The pain scale helps them figure out how well the medicines and treatments are working. Usually, pain is measured on a scale of 0 (*no pain at all*) to 10 (*worst pain*).

### PAIN MEASUREMENT SCALE



We will treat your pain based on how much pain you say you are having. Be honest. Your care team will have you set a goal for your discomfort so that you can maintain your pain level at a place where you can participate in recovery activities like deep breathing and walking. This goal number may not be zero.

Narcotic (*opioid*) pain medications have negative side effects that can slow your recovery. These side effects include drowsiness, decreased breathing, constipation, dry mouth, nausea and vomiting. Because of this, we will give you

“multimodal” non-opioid medications that work in different ways in your body to prevent or reduce the different causes of pain and reduce the need for opioid pain medication. You will receive non-opioid pain medication at each phase of your hospital stay. These medications will be given to you before surgery, during surgery and around the clock after surgery to make sure your discomfort stays at a level that you can manage.

*\* Most pain medications can cause constipation. Talk to your care team about what you can do to help prevent constipation and what to do if this happens.*

## Breathing



When you arrive in your room after surgery, it will seem as if your care team is always reminding you to take deep breaths, cough and use a tool called an incentive spirometer (*IS unit*). Using your IS unit regularly and correctly helps to prevent pneumonia and other problems that can slow your recovery and lengthen your hospital

stay. Ask your nurse how to use the IS unit if you do not already know how. It is very important that you do this at least 10 times every hour you are awake.

## Preventing Blood Clots

Blood clots, sometimes called “deep vein thrombosis” (*DVT*), can occur after surgery. Most of these occur in the calf and are not serious, but sometimes they happen in the abdomen or the thigh. In rare cases, one of these clots can break off and block the blood supply to your lungs. This is called a pulmonary embolus (*PE*) and can be life-threatening. Walking often and immediately after surgery is the best way to prevent blood clots. You are still at risk for a blood clot for several weeks after surgery even after you go home so remember to walk and move around often.

You will have mechanical compression sleeves we call SCDs placed on both legs before you go to surgery. These sleeves squeeze your legs to prevent the blood from pooling and forming a clot. They will remain on your legs before, during and after the surgery when you are not walking. Your doctor will also order

blood-thinning shots while you are in the hospital to lower the chance of blood clots. Your doctor may also prescribe the same blood thinning shots when you go home. Your nurse will teach you how to give yourself the shots before you're discharged.



## WHEN YOU GO HOME

Most patients are discharged from the hospital two to three days after colon surgery. It is important that you follow the instructions given to you at discharge. After colon surgery, your doctor may order new medicines. Please call the office for any questions about your medications. If you feel you need more medications for pain control, please call your surgeon's office Monday – Thursday from 8 a.m. – 4 p.m. You will need to send someone to the office to pick up a prescription. Most pain medicines cannot be called into a pharmacy.

Your care team wants to make sure you are comfortable caring for yourself before you leave the hospital to go home. **Before you go home your care team will review:** • Any instructions for new medications

- Incision care
- Activity limits
- Diet changes
- Bowel movement changes, including constipation or diarrhea
- Urination concerns
- Ostomy care *(if you have one)*
- Pathology test results
- When to call the doctor

### **Incision Care**

It is important to keep your incisions clean and dry after surgery. It is okay to gently wash the skin around your incision with mild soap and water. Don't do any hard scrubbing or use oils or creams on or around your incision. Ask your doctor or nurse before using lotions on your incision.

If you have a dressing over your incision, change it as you were told. Replace the dressing if it becomes wet or dirty *(only as instructed by the nurse or your surgeon)*. In most cases, the dressing can be removed after 48 hours. Do not pick or pull on the "glue" that is on your incisions.

The "glue" holds your incisions together and helps to prevent infection.

It will come off on its own as you shower over the next week or so. You should cover your incision if it rubs against your clothing to help prevent irritation.

If you have a drain, record the amount of drainage daily. You may need to empty the drain and clean the attached tubing daily *(your care team will show you how to do this)*. Check with your doctor or nurse if you can get your drain wet or if it needs to stay dry at all times.



## Activity

Keep walking at least six times a day. Ask a family member for help if you need it.

### Do:

- Slowly increase your activity
- Walk up and down stairs
- Shower

### Don't:

- Lift anything heavier than a gallon of milk or 10 lbs.  
*(a gallon of milk weighs about 9 lbs.)*
- Bend over to lift things off the floor.
- Take tub baths or go swimming until your doctor tells you it's okay.
- Drive for two weeks after surgery or while taking any prescription pain medicine.
- Make important decisions while taking prescription pain medicine.



## Dietary Concerns

Good nutrition is important to your recovery; however, it is common to have a decreased appetite and for food to taste different after surgery. Until you can eat bigger meals, we recommend eating several small meals throughout the day. Be sure to drink plenty of liquids to stay hydrated. **Do not drink carbonated drinks after surgery including ginger ale or soda.** Getting enough calories and protein after surgery is important to help your body heal properly.

Continue drinking your protein drink three times a day for at least five days after surgery or until told not to by your doctor and/or dietitian. Try to eat a protein food or supplement with each meal. Good sources of protein include beef, fish, poultry, eggs, tofu and dairy products. If your appetite continues to be poor for more than a week after you go home, tell your surgeon, and he or she may ask you to see a Registered Dietitian.

After discharge you will want to follow a low fiber/GI soft diet for at least a week or until your post-op follow up appointment with your surgeon.



### **Low Fiber/GI soft diet**

#### **Fruits and Vegetables you may eat:**

- Applesauce and Rice Bananas
- Canned and well-cooked fruits and vegetables
- Fruit juice without pulp
- Mushrooms
- Tomato/vegetable juice

#### **Fruits and Vegetables you may NOT Eat/Drink:**

- Prune juice
- Dried fruits
- Berries
- Raw or fried vegetables
- Broccoli, cabbage, cauliflower or Brussel sprouts
- Corn
- Cooked greens, spinach vegetables or fruits with skin or seeds

**Breads, cereals and grains you may eat:**

- Low Fiber Grains:
  - White flour bread, rolls, pasta or muffins
- Graham crackers
- Saltines
- Cornbread
- Corn/flour tortillas
- Ready-to-eat cereals made from corn, rice or white flour
- Broth or noodle soups

**Meat, meat substitutes and dairy you may eat:**

- Tender, well-cooked meats, poultry, fish, eggs and soy
- Smooth nut butters; limit to one tablespoon at a time
- 1%, skim or non-fat dairy products

**Meat, meat substitutes and dairy you may NOT Eat:**

- Bacon, sausage, dried beans, peas, lentils or legumes
- Yogurt with berries or nuts
- Whole milk dairy products

**Other dietary tips:**

- Limit caffeinated drinks
- Check food labels. Avoid any product with more than two grams of fiber per serving
- Avoid any foods known to cause you issues
- **Continue to drink nutritional supplements.**



## **Bowel Movements**

In the first two weeks after surgery, your bowel movements may be more frequent and looser than usual until you eat solid foods regularly. Don't strain with bowel movements. If you think you are constipated, which can happen with pain medicine, drink plenty of fluids and use an over-the-counter stool softener or Milk of Magnesia (*MOM*).

## **Urination**

You may feel some mild burning when you urinate (*pee*), which will improve with time. If the burning does not go away, you have trouble urinating, or you urinate small amounts often, call your surgeon's office. If you went home with a urinary catheter (*foley*), please make sure that you have a follow-up appointment for the catheter to be removed.

## **Pathology Report**

Your surgeon will talk to you about your pathology results as soon as he or she has them. If they are not ready before discharge, we will have them when you return to your surgeon's office. You can request a copy of your operative report and pathology report for your records at your first follow-up appointment with your surgeon.

## **Ostomy Care**

If you have an ostomy as a result of your surgery, you will see a professional ostomy/wound care nurse (*WOCN*) before you go home. The WOCN will teach you how to take care of your ostomy after you go home. The WOCN will talk to you about skin care, bathing and showering, diet concerns, socializing and intimacy concerns.

*\* If you have an ostomy or a drain, you will be given more instructions when you are ready to leave the hospital after surgery. If you have any more questions after you go home, please contact your surgeon's office.*

## FREQUENTLY ASKED QUESTIONS

### When can I exercise?

You can do all the walking you want. Avoid any type of exercise or sport (*golf, tennis, etc.*) that puts stress on abdominal muscles for four to six weeks after your operation.

### When can I drive?

You can drive when you are no longer taking pain medication and when you are sure that you can react to other drivers on the road.

### When can I travel?

You can travel short distances the day you are home from the hospital. If you travel a long time in a car or on a plane, walk around every hour to prevent a blood clot (*DVT*).

### When can I start having sex?

You can have sex when you feel comfortable doing so. Remember not to stress your abdominal muscles for four to six weeks post-op.

### What foods should I eat after surgery?

After surgery, begin eating a low fiber/bland diet for two to three days. Slowly add solid foods until you can eat what you did before surgery. If you have a hard time keeping foods down, have only clear liquids for 24 hours and then slowly add solid foods again.

### What do I do if I get constipated?

You need to drink plenty of fluids after surgery. If you become constipated, take less pain medication. Start slowly with Milk of Magnesia (*MOM*) and then begin over-the-counter stool softeners as directed.

### What do I do if I have a lot of diarrhea?

Soft or liquid stools are common after surgery. Eating low fiber foods are best to eat after surgery because it allows the intestine to heal. See page 21 in this booklet for a list of low fiber foods you can try. If you begin to have a lot of diarrhea and think you are getting dehydrated, call your surgeon's office to discuss what he or she wants you to do.

**What do I do if my incision begins to drain clear (*blister-like*) fluid?** Cover it with dry clean dressing. Clear drainage will usually slow down and stop within a few



days. If the fluid has an odor or is a creamy color, or very thick, call your surgeon's office.

### **What do I do if I see blood in my poop or on the toilet paper when I wipe?**

It is normal to have some bloody drainage in your stool after surgery. Most often it will be very dark, even black. This is old blood that is left in your intestine because of the surgery. If you see bright red blood (more than half a cup) in the toilet, or become dizzy when you are on the toilet, call your surgeon.

## **CALL THE DOCTOR IF YOU HAVE**

- A fever of more than 101.5°F
- Green, yellow or cloudy fluid draining from incision
- Increased redness around the incision(s)
- New or increased leg swelling or calf pain
- Trouble breathing
- Any sudden increase in severe pain
- Nausea and repeated vomiting  
*(not associated with taking pain medicine)*
- Any increased swelling in your abdomen

**IF YOU HAVE ANY QUESTIONS, PLEASE CALL YOUR SURGEON'S OFFICE BEFORE GOING TO THE EMERGENCY ROOM.**

## **POTENTIAL COMPLICATIONS FROM COLON SURGERY**

### **Nausea and Vomiting**

It is very common to feel sick to your stomach after your surgery. We can give you medicine to help with this. First try eating & drinking less. Small, frequent meals or sips of drinks are best in this situation. As long as you can drink and keep yourself hydrated, nausea should pass.

### **Ileus**

Following surgery, the bowel can stop working, making it hard for food and gas to pass through the intestines. This is called an ileus. We will do everything we can so this does not happen. If you develop an ileus, it usually only lasts two to

three days, but you may need to have a small tube put down your nose to shrink the stomach.

**Here's what you can do to prevent an ileus:**

- Take less narcotic pain medicine
- Get up and move around as much as you can
- Eat small amounts of food and drink liquids often
- Chew gum

**Anastomotic Leak**

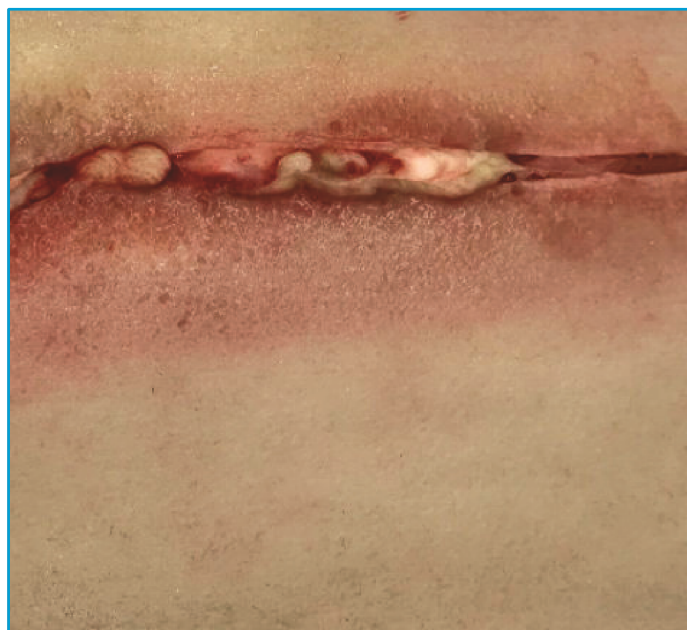
This is a rare but serious complication. Anastomotic leaks usually develop five to seven days after the surgery. An anastomotic leak happens when the two ends of the bowel that were joined together in surgery don't heal. This leaves a hole in the bowel. Anastomotic leaks usually cause severe abdominal pain, fever and vomiting. This complication often requires another operation.

**Wound Infection**

If a wound infection develops, it usually happens three to 10 days after surgery.

**Signs of infection can include:**

- Feeling overly tired
- Running a fever with and without chills
- Green, yellow or cloudy fluid draining from incision
- Continued or increased pain
- Increased redness and/or swelling at incision • Incision feels warm or hot to touch



## Urinary Retention

If you had a catheter put in during surgery, you might have difficulty urinating (peeing) after the catheter is taken out of your bladder. The catheter may need to be put back in until you can pee on your own. This can be caused by anesthesia, pain medication and not being active. If this happens, drink more water, get up and get moving and limit the amount of pain medicine you take. If you can't pee for eight hours call your surgeon.

## EXERCISES BEFORE YOUR SURGERY

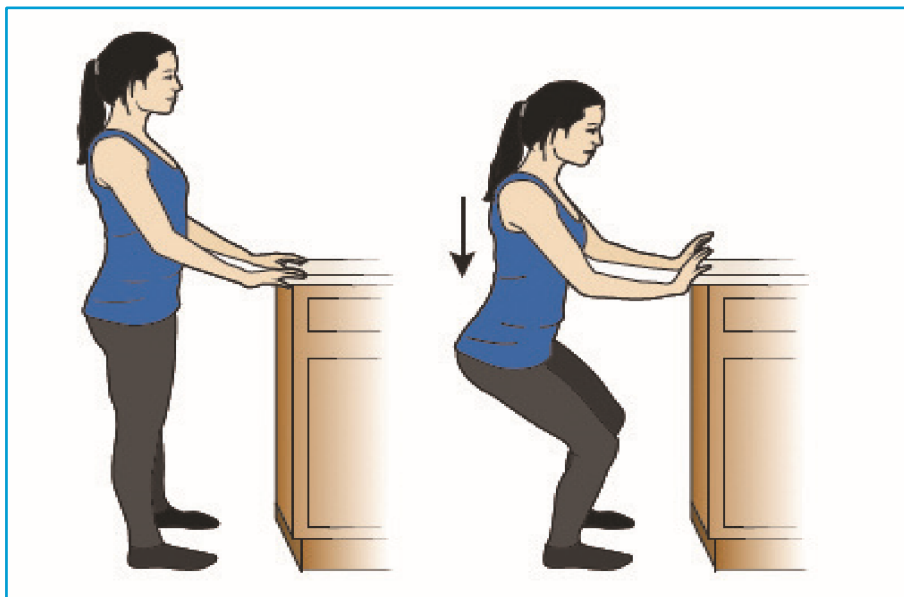
Use the time before surgery to make your body ready to heal. When our bodies are in good condition before surgery, the physical impact of the operation on healing tissue is less. Mainly, the stronger a person is going into surgery, the better the chances of an easier and faster recovery after the surgery. People who exercise before surgery tend to get back to normal more quickly than those who do not. If you are new to exercise, start slowly. Some simple exercises include:

### Walking

Walk at least 20 minutes a day five times a week in addition to normal activity.

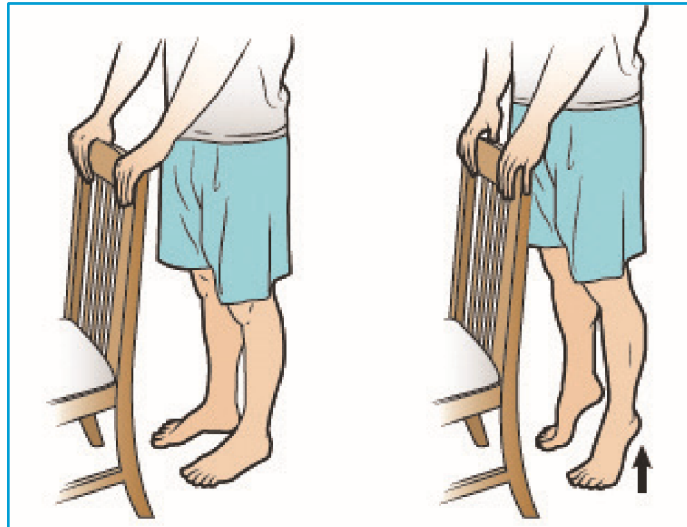
### Mini-squats

- Stand at a counter, using your fingers for balance as needed.
- Place feet hip-width apart.
- Sit down and back as if you are sitting in a chair.
- Do not let your hips drop below your knees.
- Repeat 10 times. Do this two times each day.



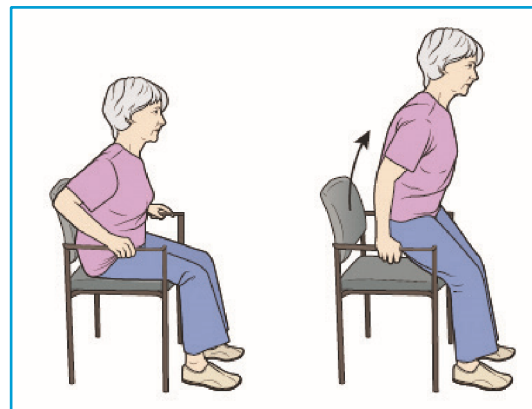
### Heel raises

- Stand at counter/chair, use fingers for balance as needed.
- Raise up on your toes, lifting heels off the ground.
- Hold for one or two seconds and SLOWLY lower your heels.
- Repeat 15 times. Do this two times each day.



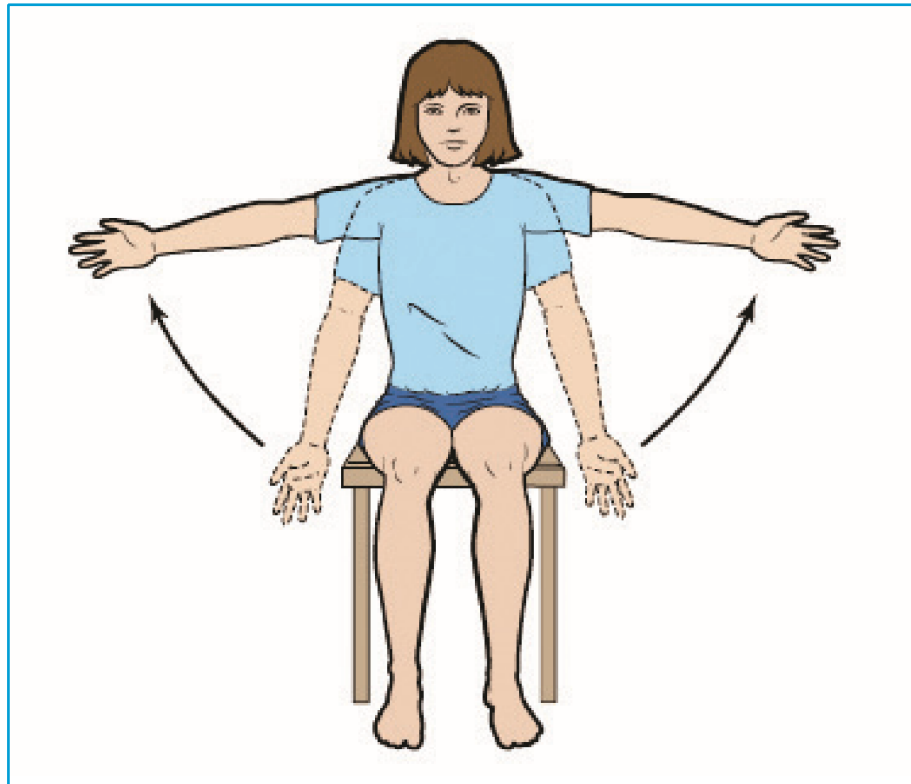
### Seated push-ups

- Sit comfortably in a chair with armrests. Keep your back straight, shoulders back and head facing forward.
- Place your hands on the armrests of the chair. Place your feet shoulder distance apart, right below your knees.
- Position yourself as if you're going to stand up.
- Straighten your elbows and lift your buttocks off the seat until your elbows are straight. Lift your buttocks as high as you can, even if you can't get off the chair completely.
- Slowly lower yourself back onto the seat of your chair as you bend your elbows.
- Repeat 10 times.



### Arm raises

- Sit or stand comfortably with your back straight, shoulders back and your head facing forward.
- Raise your arms out to the side, up to the level of your shoulders, while keeping your elbows straight
- Hold for five seconds.
- Lower your arms to your sides.
- Repeat 10 times.

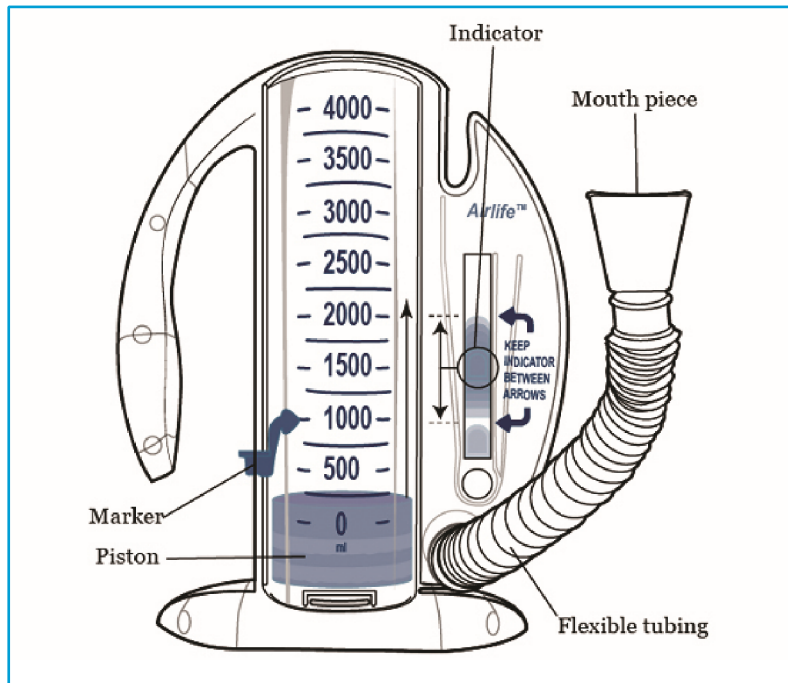




## INSTRUCTIONS

### Incentive Spirometer

This tool helps exercise your lungs to reduce the risk of developing pneumonia. It also increases the amount of oxygen that reaches your surgical incision(s), so you heal faster.



1. Hold IS unit straight up in front of you.
2. Breathe out.
3. Close your lips tightly around the mouthpiece.
4. Inhale slowly and deeply through your mouth. *(This breath will raise the piston in the IS chamber as the air sacs in your lungs open).*
5. When you cannot breathe in any longer, take the mouthpiece out of your mouth.
6. Hold your breath for at least three to five seconds then breathe out slowly.



7. Breathe normally as the piston returns to the bottom of the ISchamber.
8. Repeat this exercise 10 times every hour while you are awake. If you feel dizzy slow your breathing down.
9. After you've taken 10 deep breaths on your IS unit, try to cough. This removes any mucus that builds up in your lungs.
  - *If you hold a pillow or folded blanket over your incisions, you will have less pain when you cough. This is called splinting.*



### Hibiclens Bathing

You play an essential role in your recovery from surgery, and we would like you to help us prevent infection after surgery. To lower the risk of infection, we want to make your skin as free of germs as possible before the surgery. Patients undergoing surgery have been shown to be less likely to get an infection by showering with a special germ-fighting soap like Hibiclens (*DO NOT use if you are allergic to Chlorhexidine CHG*). Remove all jewelry and body piercings. Please shower with the Hibiclens soap the night before and the morning of surgery.

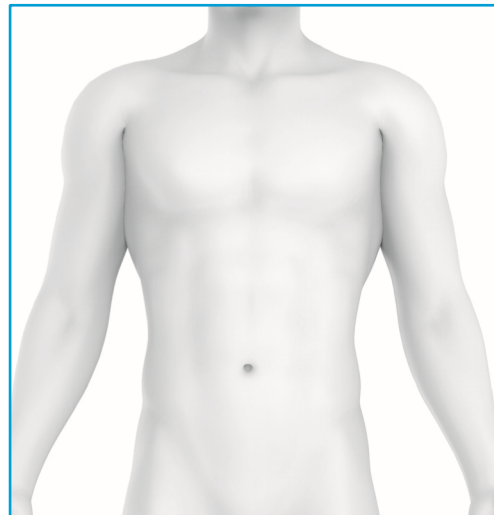


**DO NOT use Hibiclens to wash your hair, face, or private areas! See the picture on the next page.**

- Put clean sheets on your bed the first day you shower with Hibiclens.
- Wash your hair using your usual shampoo and rinse the shampoo from your hair and body.
- Wash your face with your regular soap and rinse.
- Use a clean, unused washcloth and Hibiclens wash from your neck down to your groin.
- **DO NOT** use Hibiclens liquid/foam near your eyes, ears or around genital area.
- **DO NOT** use your regular soap after using the Hibiclens.
- Rinse your body well.
- Pat yourself dry using a clean, unused towel.
- **DO NOT** shave the area of your body where your surgery will be performed for four days before surgery.  
- *Small cuts can allow germs to enter the body.*
- **DO NOT** apply lotions, powders or perfumes.
- Dress in clean clothing/pajamas.
- Anyone sleeping in the same bed as you should wear clean clothing/ pajamas.
- **DO NOT** allow your pets to sleep in your bed while showering with Hibiclens before surgery or until your belly incisions heal after surgery.

**Where should you wash with the Hibiclens soap?**

**Please scrub from the neck down to the groin area only.**



# PREADMISSION TESTING (PAT) INSTRUCTIONS AND HOLDING MEDICATIONS

A Pre-Admission Testing Nurse should be contacting you approximately 2 weeks prior to your scheduled procedure to review your health history, medications and provide additional instructions. They are calling you on behalf of Anesthesia. It is important you speak with them. THEY PROVIDE IMPORTANT INFORMATION ON MEDICATIONS, VITAMINS AND SUPPLEMENTS THAT NEED TO BE HELD PRIOR TO YOUR PROCEDURE. IN ADDITION TO YOUR SURGEON'S OFFICE, THEY ALSO PROVIDE APPROPRIATE PRE-OPERATIVE DIETARY MODIFICATIONS TO FOLLOW PRIOR TO YOUR SURGERY. THIS IS FOR YOUR SAFETY.

## **DIABETIC MEDICATIONS AND DIABETIC MEDICATIONS USED FOR WEIGHT LOSS:**

If taking a **WEEKLY** diabetes/weight loss injectable from the list below hold the dose prior to your procedure and follow the instructions below to prevent procedure cancellation (If your scheduled dose is due on the day of your procedure, please hold this dose.)

If taking a **DAILY** diabetes/weight loss medication from the list below hold the day of your procedure and follow the instructions below to prevent procedure cancellation.

Diabetic Medications and Diabetic Medications Used for Weight Loss Include:

- Ozempic (Semaglutide)
- Byetta (Exenatide)
- Victoza (Liraglutide)
- Bydureon (Exenatide)
- Trulicity (Dulaglutide)
- Tanzeum (Albiglutide)
- Mounjaro (Tirzepatide)
- Wegovy (Semaglutide)
- Saxenda (Liraglutide)
- Zepbound (Tirzepatide)
- Symlin (Pramlintide)
- Rybelsus (Semaglutide)
- Soliqua (Lantus & Lixisenatide)
- Adlyxin (Lixisenatide)

**IMPORTANT PREOPERATIVE DIETARY MODIFICATION:** The day before your procedure, only drink clear liquids. This means from midnight (12:00 AM) to the next midnight (12:00 AM), you should not eat any food—just drink clear liquids like water, clear juice, or broth. Do not eat or drink anything after midnight before your procedure, even if your doctor told you something different. Your procedure may be canceled if you do not follow these instructions.

**YOUR PROCEDURE WILL BE CANCELLED IF DO NOT FOLLOW THESE INSTRUCTIONS.**

**Acceptable clear liquids:** water, black coffee with no milk or cream, clear juice and without pulp, Jello, soda, Ensure Clear, Gatorade, chicken broth, beef broth and bone broth. **NO SOLID FOODS and NO GUM nor MINTS.**

**You may be required to follow the clear liquid instructions below if taking other diabetic and/or weight loss medications. Please discuss all medications with the Pre-Admission Testing nurse.**

**If taking, hold these Diabetes Medications for 3 days:**

- Invokana (Canagliflozin)
- Glyxambi (Empagliflozin/linagliptin)
- Jardiance (Empagliflozin) (even if taking for congestive heart failure)
- Synjardy
- Farxiga (Dapagliflozin) (even if taking for congestive heart failure)
- Xigduo
- Steglatro
- Brezavvy (Bexagliflozin)

**OTHER STIMULANT MEDICATIONS AND NONDIABETIC DIET/WEIGHT LOSS MEDICATIONS:**

- Methamphetamine, Benzphetamine: hold 5 days.
- Phentermine, Phendimetrazine: hold 4 days.
- Lorcaserin: hold 2 days.
- Dimethylpropion: hold 24 hours.
- Tirzepatide: hold dose prior to your procedure and have clear liquids only the entire day before your procedure (if your scheduled dose is due on your procedure day, hold this dose)

## **ERECTILE DYSFUNCTION MEDICATIONS:**

If taking, hold these Erectile Dysfunction medications per the instructions below.

-Tadalafil: hold 3 days.

-Sildenafil, Trimix, Papaverine, Phentolamine, Vardenafil, Avanafil: hold 24 hours.

If taking for pulmonary hypertension or congestive heart failure continue taking.

## **CHOLESTEROL MEDICATIONS:**

-If taking Alpha-Lipoic Acid hold for 14 days.

-If taking Vascepa (Icosapent Ethyl), hold this for 14 days.

-If taking Lovasa (omega 3 fatty acid), hold this for 7 days.

## **ANTICOAGULANTS/"BLOOD THINNING MEDICATIONS":**

Anticoagulants are commonly referred to as "blood thinners" and can be taken for a variety of medical conditions including but not limited to previous heart attack, previous stroke, stenting of the coronary arteries (blood vessels that supply blood to the heart), and blood clots of the deep veins or in the lung (also known as deep vein thrombosis, pulmonary embolism, or venous thromboembolism).

PLEASE NOTE THE FOLLOWING LIST OF MORE COMMON ANTICOAGULANTS.

**Contact your prescribing doctor to let them know you are having surgery so they can tell you how far in advance to stop taking them.**

**Apixaban (Eliquis): 72 HOURS**

**Dabigatran 6 hours (Pradaxa): 96 HOURS**

**Edoxaban (Savaysa): 72 HOURS**

**Rivaroxaban (Xarelto): 72 HOURS**

**Dalteparin (Fragmin): 24 hours**

**Enoxaparin (Lovenox): 24 hours**

**Fondaparinux (Arixtra): 72 hours**

**Heparin unfractionated: the night before surgery**

**Warfarin (Coumadin): Usual hold time 4-5 days before**

**Clopidogrel (Plavix): 5 - 7 days**

**Prasugrel (Effient): 7 – 10 days**

**Ticagrelor (Brilinta): 5 -7 days**

**Tirofiban (Aggrastat): 8 hours**

**Eptifibatide (Integrelin): 8 hours**



**Ticlopidine (Ticlid): 10 days**

**Cilostazol (Pletal): 48 hours**

**\*PLEASE NOTE THAT YOU MAY BE TOLD TO HOLD THESE MEDICATIONS FOR A LONGER PERIOD OF TIME IF YOU HAVE RENAL (KIDNEY) IMPAIRMENT OVER THE COUNTER MEDICATIONS AND SUPPLEMENTS:**

-Hold vitamins, supplements, and herbals 7 days prior to your procedure if instructed by the Pre-Admission Testing nurse.

-Do not take over the counter pain medications except plain Tylenol or Acetaminophen for 7 days prior to your procedure.

**GATORADE PROTOCOL:** All patients should follow the instructions below (EXCEPT those scheduled for a colonoscopy or heart surgery. Please follow your doctor's pre instructions).

-Studies show carbohydrate drinks before procedures are beneficial. For this reason, anesthesia asks that you drink 8 oz of non-red Gatorade (sugar free if diabetic) or carbohydrate pre-surgery drink at 6 PM and again before midnight the day before your procedure. If your doctor instructs you to drink more than 8 oz of Gatorade, it's fine to do so.

-A preadmission testing nurse may also advise you to hydrate the day of your procedure. If so, please follow their guidelines as instructed.

-Do not drink Gatorade before surgery if you are taking any of the medications listed on page 32.

Other considerations: Call your doctor RIGHT AWAY if you get any wounds, cuts, scrapes, scabs, rashes, bug bites at or near your procedure site or if you have any fever, cold or flu symptoms.

Preadmission testing may be reached at 843-965-8205 with any questions.

## PRE- AND POST-OPERATIVE ERAS CHECKLISTS

### ERAS Pre-Op Checklist:

Items to have to prepare for surgery:

- ☐ Pre-surgery antibiotics
- ☐ 15 Protein supplement drinks.



- ☐ 3 Pre-surgery carbohydrate drinks



- ☐ 1 bottle of Hibiclens soap



- ☐ **Bowel prep: 64 oz of non-red Gatorade (sugar free if diabetic) and a 238 gram bottle of Miralax**



### **TEN TO 14 DAYS BEFORE SURGERY**

- ☐ Have a consistent walking routine of at least six times a day.
- ☐ If you smoke, quit today. **Call (800) QUIT-NOW (784-8669).**
- ☐ Sign up for myChart/EPIC to communicate with your surgeon's office.
- ☐ Arrange to have someone take you home after your surgery. Plan for a two to three day stay.
- ☐ Complete any blood work or additional tests that your surgeon ordered.
- ☐ Expect a call from PAT (*pre-admission testing*) to review your health and medication history and to answer any last minute questions.
- ☐ **DOUBLE CHECK THE PREANESTHESIA INFORMATION LISTED ON PAGES 28-31 TO MAKE SURE YOU HAVE STOPPED ALL APPROPRIATE MEDICATIONS, VITAMINS AND SUPPLEMENTS**
  - ☐ *Please make sure you have reviewed your medication allergies with your surgeon's office.*

### **ONE WEEK BEFORE SURGERY**

- ☐ **START:** Protein supplementation drinks, drink 3 drinks a day for 5 days prior to surgery. **Start date:**\_\_\_\_\_.
- ☐ Continue a consistent walking routine of six times a day.
- ☐ Confirm the location of your surgery.
- ☐ Get antibiotic prescription filled.
  - *Please call your surgeon's office if you have allergies to any of the medications.*
- ☐ Buy supplies for bowel prep and your carbohydrate drinks if not provided by your surgeon's office.

**If your surgeon wants you to have a bowel prep, you will need:**

- Miralax 238 gm – 1 bottle
- 64 oz. G-series Gatorade (G2 if Diabetic) – 1 bottle

**NOT RED!**

#### **FOUR DAYS BEFORE SURGERY**

- ☐ Continue a consistent walking routine of six times a day.
- ☐ Do not shave, wax or perform any hair removal at or around the area where you will be having surgery.
- ☐ Double check to make sure that you have all the supplies needed for:
  - bowel preparation
  - antibiotics
  - Presurgery carbohydrate drinks
  - medicated liquid soap (Hibiclens) for your pre-surgery body wash.
- ☐ Continue to drink protein drinks.

#### **ONE DAY BEFORE SURGERY**

- ☐ Keep up with your walking routine.
- ☐ Take your antibiotics as prescribed at the following times:
  - ☐ 2 p.m., ☐ 3 p.m. and ☐ 10 p.m.
- ☐ Begin bowel prep between 2 p.m. and 5 p.m.
 

*(MiraLAX® 238 gm mixed with 64 oz. of G-series Gatorade®) Mix the Gatorade and Miralax together and drink 10 oz every 15 minutes until complete.*
- ☐ **After you start your bowel prep, drink only clear liquids and DO NOT have any solid food. See the list on the following page for examples of clear liquids.**
- ☐ Remove all jewelry and body piercings.
- ☐ Shower with the medicated liquid soap (*Hibiclens*) before going to bed. Follow the instructions in this booklet on page 31.
- ☐ Drink a 10 oz. Ensure Pre-Surgery clear carbohydrate drink at the following times:
  - ☐ 6 p.m.    ☐ before going to bed.

- ☐ Brush your teeth and rinse your mouth with water after you drink your carbohydrate drink.
- ☐ **Do not eat or drink anything after midnight.**

### What is a clear liquid?

A clear liquid diet consists of liquids you can see through. This helps is to let your gastrointestinal (GI) tract rest before surgery. Clear liquids may be colored as long as you can see through them. You cannot eat solid food while on a clear liquid diet.

**Note: It is important to stay well-hydrated during your bowel prep, so please drink many of the allowed clear liquids.**

ALLOWED	NOT ALLOWED
Water	Milk, cream, milkshakes, smoothies
Clear broth: beef or chicken ( <i>no noodles, chicken or vegetables</i> )	Cream soups or any soup other than broth
Gatorade or other clear sport drinks	Oatmeal, cream of wheat, grits
Tea or coffee ( <i>without milk or cream</i> )	Ice cream, gelato, low fat ice cream
Gelatin ( <i>without fruit</i> )	Chocolate or any candy with filling
Popsicles ( <i>without fruit or cream</i> )	Tomato, orange or grapefruit juice, fruit nectars
Italian ices or hard candy	
Fruit juices without pulp: apple, grape, cranberry	
You may use salt, pepper and sugar	



## MORNING OF SURGERY

**DO NOT EAT OR DRINK ANYTHING THAT IS NOT ON THIS LIST OR YOUR SURGERY WILL BE CANCELED!**

- Take all regular medicines as instructed with a sip of water.
- Shower with the medicated liquid soap (*Hibiclens*), before coming to the hospital. Follow the instructions on page 31 in this booklet.
- Do not wear makeup or jewelry.
- Wear comfortable, loose clothing, such as a button front shirt or blouse and elastic waistband pants. If possible, wear/bring flat sole, slip-on walking shoes.
- Drink a 10 oz. Ensure Pre-Surgery clear carbohydrate drink unless taking one of the medications from page 32 AND NOTHING ELSE two hours before you have been told to arrive (consumed in 10 minutes, not sipped).
- Brush your teeth and rinse your mouth with water after you drink your carbohydrate drink.
- Tell your anesthesiologist if you get nauseated easily.
- Report to the hospital registration at your scheduled arrival time.  
See hospital maps on page 40.





## **ERAS Post-Op Checklist:**

### **DAY OF SURGERY**

- ☐ Get out of your bed and sit in a chair one time today.
- ☐ Walk with assistance one time today. Aim for 150 feet.
- ☐ Start to drink clear liquids then soft foods if you can.  
Eat all meals in a chair.
- ☐ Chew gum four times today for 30 minutes.
- ☐ Let your doctor or nurse know if you have any discomfort.
- ☐ Use your Incentive Spirometer 10 times an hour when you are awake.
- ☐ Keep the head of your bed raised.
- ☐ Brush your teeth and use mouthwash today.
- ☐ Deep breathe and cough often.
- ☐ If you have a urinary catheter, ask when it will be removed.
- ☐ Keep your SCDs on your legs when you are in bed.

### **DAY AFTER SURGERY**

- ☐ Walk at least 150 feet six times today.
- ☐ Start to eat solid foods.
- ☐ Eat all meals sitting in a chair.
- ☐ Keep SCDs on while in bed.
- ☐ Chew gum four times today for 30 minutes.
- ☐ Drink protein diet supplement with every meal.
- ☐ Let your doctor or nurse know if you have any discomfort.
- ☐ Use your Incentive Spirometer 10 times an hour when you are awake.
- ☐ Keep the head of your bed raised.
- ☐ Brush your teeth and use mouthwash two times today.
- ☐ Deep breathe and cough often.
- ☐ If you have a urinary catheter, ask for it to be removed.

### **If you have an ostomy:**

- ☐ Expect a visit from the ostomy nurse to have your pouch changed and review pouch change, emptying, supplies, diet and lifestyle. If you do not see an ostomy nurse, tell the nurse caring for you.

- ☐ Begin to participate in your ostomy care.
- ☐ Describe your plan for care after discharge.

### **TWO DAYS AFTER SURGERY:**

- ☐ Walk at least 150 feet six times today.
- ☐ Continue to eat solid foods.
- ☐ Eat all meals sitting in a chair.
- ☐ Chew gum four times today for 30 minutes.
- ☐ Drink protein diet supplement with every meal.
- ☐ Let your doctor or nurse know if you have any discomfort.
- ☐ Use your Incentive Spirometer 10 times an hour when you are awake.
- ☐ Keep the head of your bed raised.
- ☐ Brush your teeth and use mouthwash two times today.
- ☐ Deep breathe and cough often.
- ☐ If you have a urinary catheter, ask when it will be removed.
- ☐ Keep your SCDs on your legs when you are in bed.



### **If you have an ostomy:**

- ☐ Demonstrate emptying your pouch with your nurse or patient care technician (PCT).
- ☐ Tell us about your ostomy diet and what you need to do to prevent dehydration from your ostomy.
- ☐ List what medicines you can use to make your ostomy output thicker.
- ☐ Ask your nurse how to record ostomy liquid.
- ☐ Check that you have ostomy supplies at home.
- ☐ Contact ostomy nurse for any pouching or supply issues.
- *If you are discharged today, have a family member get your prescriptions filled so that you have the medicines you need when you get home.*

### **THREE DAYS AFTER SURGERY:**

- ☐ Walk at least 150 feet six times today.
- ☐ Continue with regular diet.
- ☐ Eat all meals sitting in a chair.
- ☐ Keep SCDs on while in bed.

- ☐ Chew gum four times day for 30 minutes if your bowel movements are not regular.
- ☐ Drink a protein supplement with every meal.
- ☐ Let your doctor or nurse know if you have any discomfort.
- ☐ Use your Incentive Spirometer 10 times an hour when you are awake.
- ☐ Keep the head of your bed raised.
- ☐ Brush your teeth and use mouthwash two times today.
- ☐ Continue to breathe deep and cough often.



**If you have an ostomy:**

- ☐ Show how you would empty your pouch.
- ☐ Tell us about your ostomy diet and what you need to do to prevent dehydration from your ostomy.
- ☐ List what medicines you can use to make your ostomy output thicker.
- ☐ Ask your nurse how to record ostomy liquid.
- ☐ Check that you have ostomy supplies at home.
- ☐ Contact ostomy nurse for any pouching or supply issues.

**Roper Hospital:** (843) 724-2094

**Bon Secours St. Francis Hospital:** (843) 402-1133

**Roper St. Francis Mount Pleasant Hospital:** (843) 606-7988

- *If you are discharged today, have a family member get your prescriptions filled so that you have the medicines you need when you get home.*

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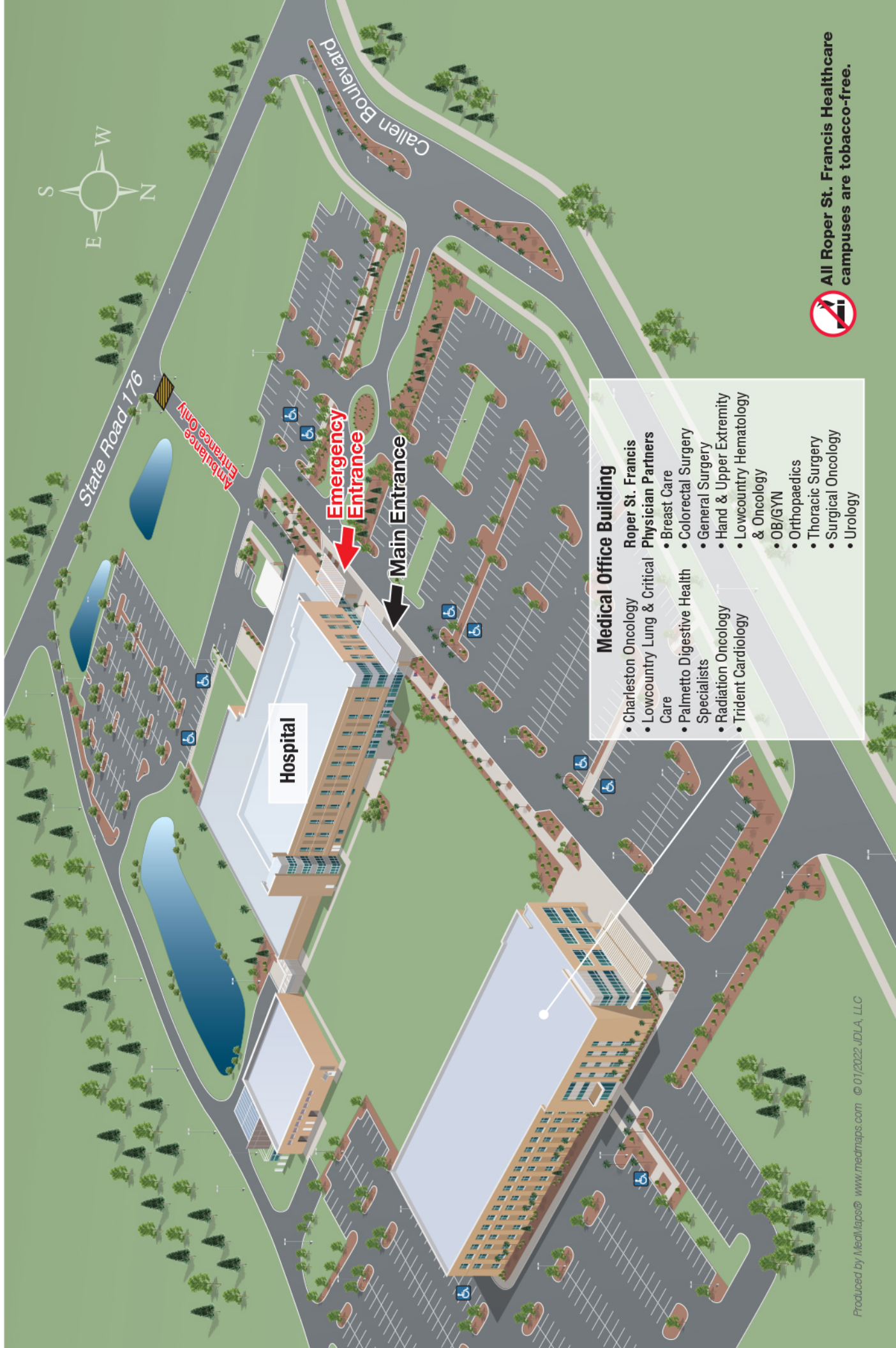
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# Roper St. Francis Berkeley Hospital

100 Callen Blvd., Summerville, SC 29486  
(854) 529-3100 | [rsfh.com/berkeleyhospital](http://rsfh.com/berkeleyhospital)



## Medical Office Building

- Charleston Oncology
- Lowcountry Lung & Critical Care
- Palmetto Digestive Health Specialists
- Radiation Oncology
- Trident Cardiology
- Roper St. Francis Physician Partners
- Breast Care
- Colorectal Surgery
- General Surgery
- Hand & Upper Extremity
- Lowcountry Hematology & Oncology
- OB/GYN
- Orthopaedics
- Thoracic Surgery
- Surgical Oncology
- Urology



All Roper St. Francis Healthcare  
campuses are tobacco-free.



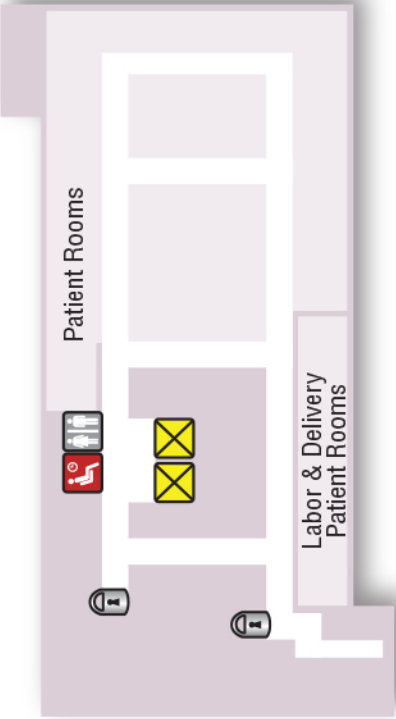
LEGEND

Elevators  
 Restrooms  
 Waiting Area  
 Registration  
 Cafeteria  
 Restricted Access

2

SECOND FLOOR

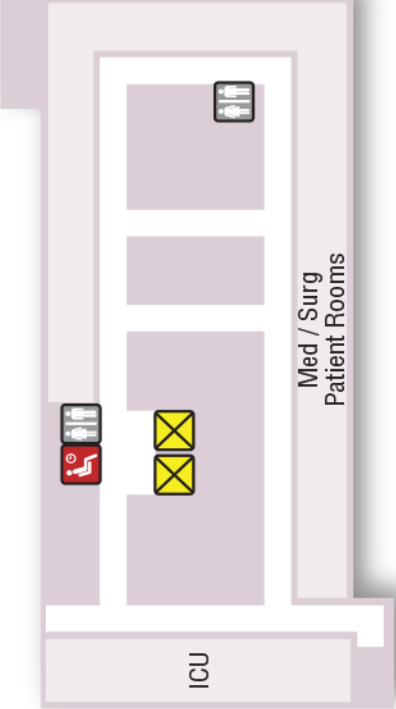
Women's Services



3

THIRD FLOOR

Med / Surg

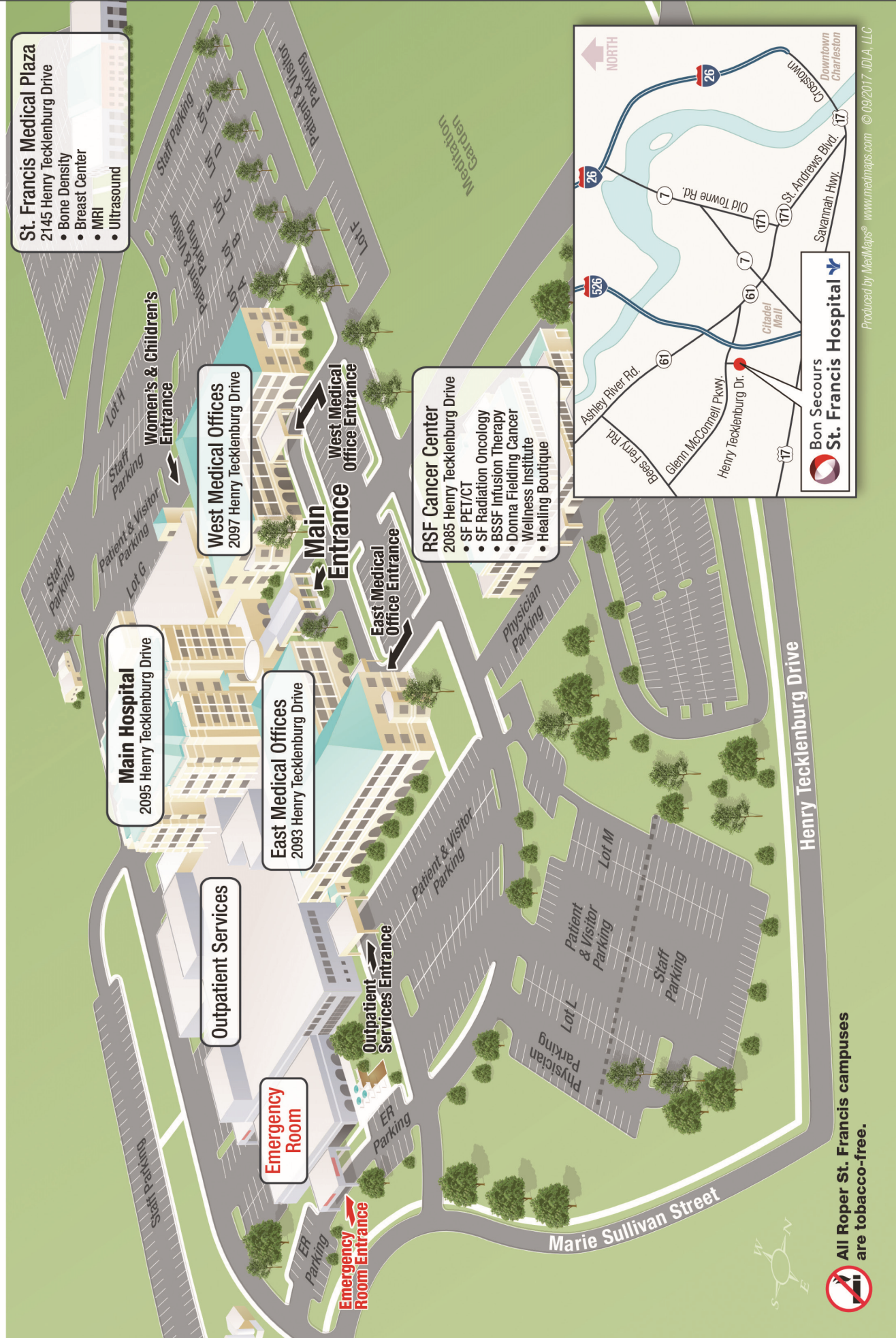


1

FIRST FLOOR



DEPARTMENT	FLOOR
Cafeteria	1
Chapel	1
Emergency Department	1
Gift Shop	1
Imaging	1
ICU	3
Lab	1
Labor & Delivery Patient Rooms	2
Med / Surg Patient Rooms	3
Operating Rooms	1
Patient Rooms	2
Pharmacy	1
Phlebotomy	1
Pre-Op / PACU	1
Sterile Processing	1



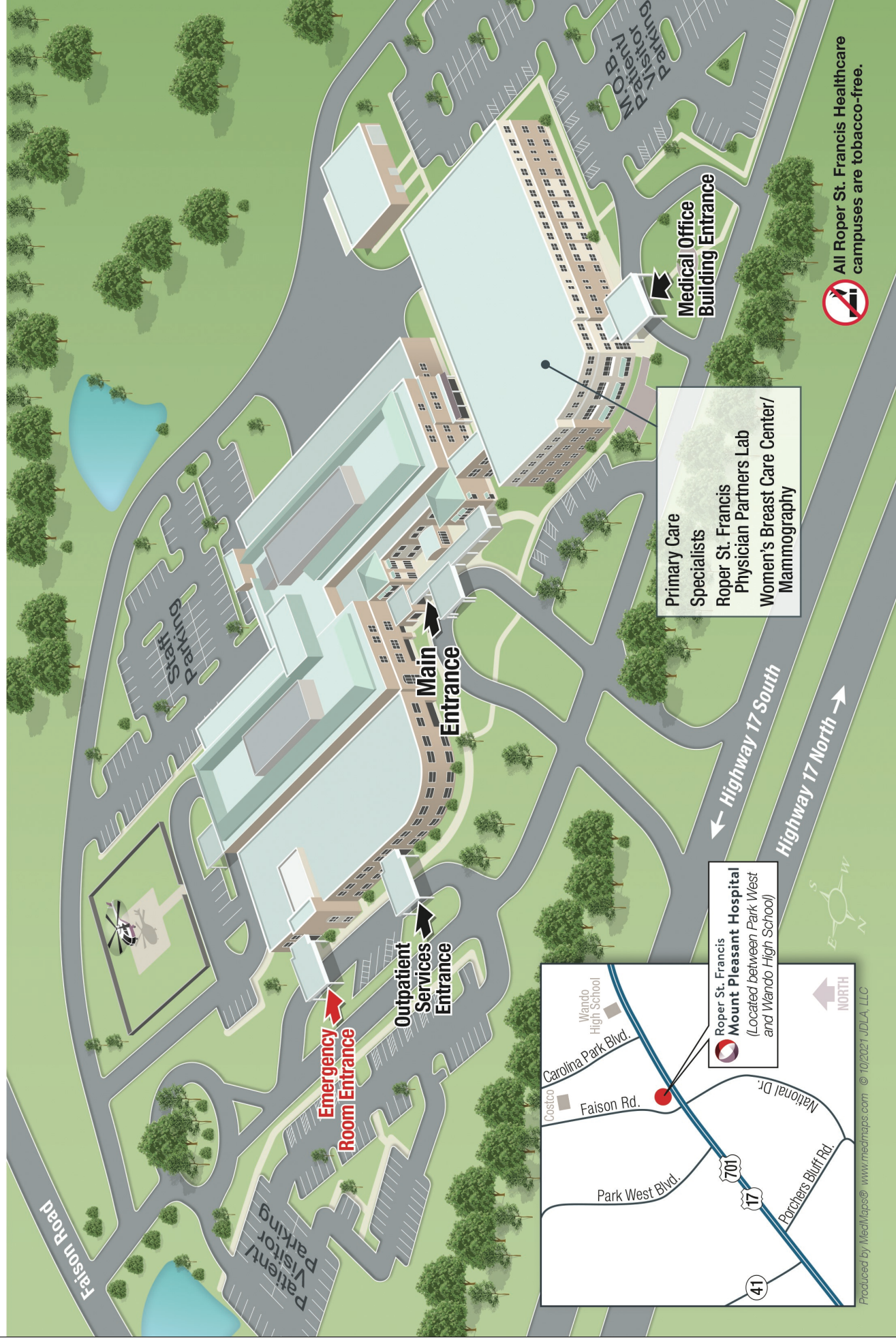






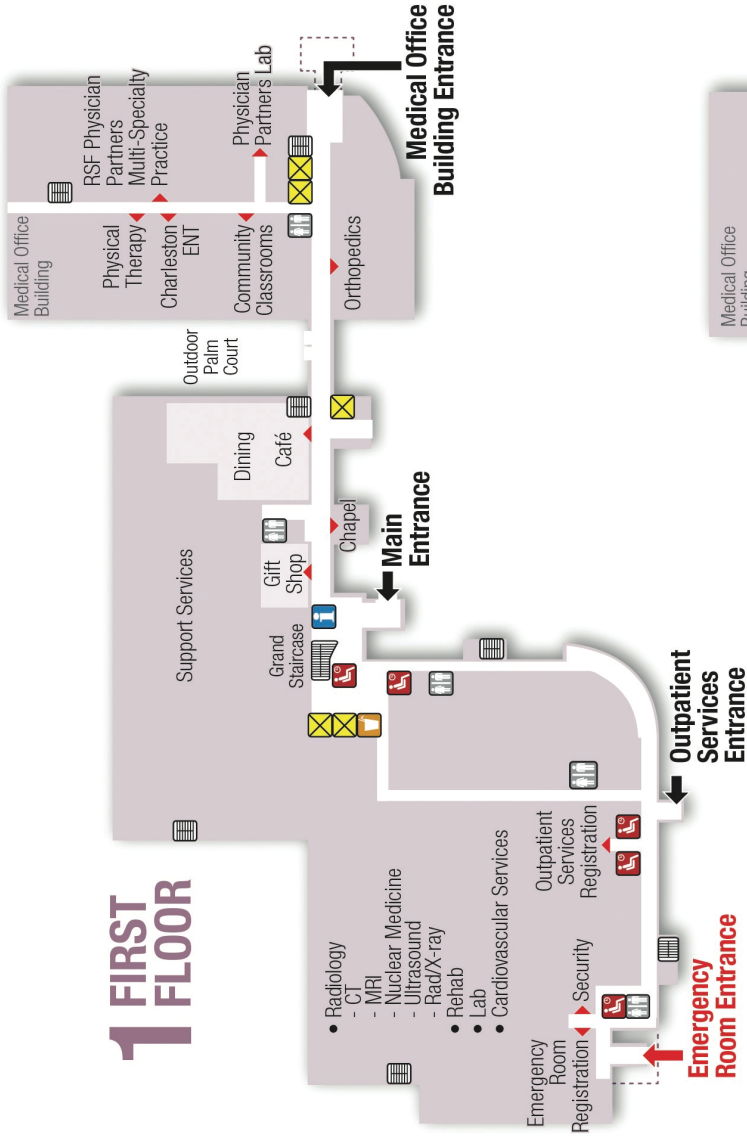
# Roper St. Francis Mount Pleasant Hospital

3500 Highway 17 North, Mount Pleasant, SC 29466  
(843) 606-8990 | [rsfh.com/mountpleasanthospital](http://rsfh.com/mountpleasanthospital)





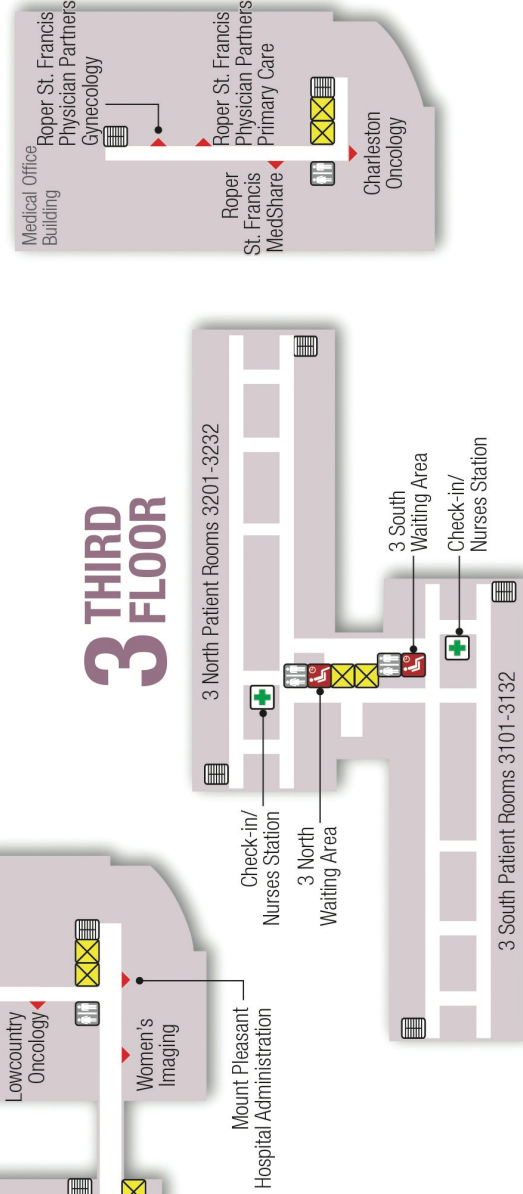
# 1 FIRST FLOOR



# 2 SECOND FLOOR



# 3 THIRD FLOOR



DEPARTMENT	FLOOR	DEPARTMENT	FLOOR
2 North Patient Room 2601-2613	2	Roper St. Francis Primary Care	M.O.B., 3
3 South Patient Rooms 3101-3132	3	Physical Therapy	M.O.B., 1
3 North Patient Rooms 3201-3232	3	Physician Partners Lab (Suite 100)	M.O.B., 1
Café/Dining	1	Radiology	1
Cardiovascular Services	1	CT, MRI, Nuclear Medicine, Ultrasound, Rad/Fluoro, X-ray	1
Chapel	1	Rehab	1
Charleston ENT (Suite 135)	M.O.B., 1	Roper St. Francis MedShare (Suite 325)	M.O.B., 3
Charleston Oncology	M.O.B., 3	Roper St. Francis Physician Partners Multi-Specialty Practice (Suite 110)	M.O.B., 1
Community Classrooms	M.O.B., 1	Roper St. Francis Physician Partners OB/GYN	M.O.B., 3
Emergency Room Registration	1	Roper St. Francis Surgical Partners (Suite 220)	M.O.B., 2
Family Waiting	3	Support Services	1
Gift Shop	1	Surgery Registration & Waiting	2
ICU Patient Rooms 2102-2110	2	Women's Imaging	M.O.B., 2
ICU Waiting	2	Mount Pleasant Hospital Administration (Suite 200)	M.O.B., 2
Information	1	Orthopedics (Suite 105)	M.O.B., 1
Lab	1	Outpatient Services Registration	1
Lowcountry Oncology	M.O.B., 2		
Mount Pleasant Hospital Administration (Suite 200)	M.O.B., 2		
Orthopedics (Suite 105)	M.O.B., 1		
Outpatient Services Registration	1		

## LEGEND

Information Elevator Check-in/ Nurses Station

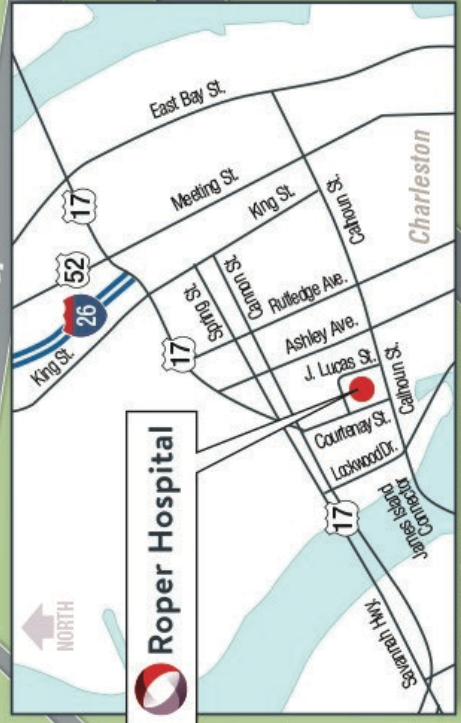
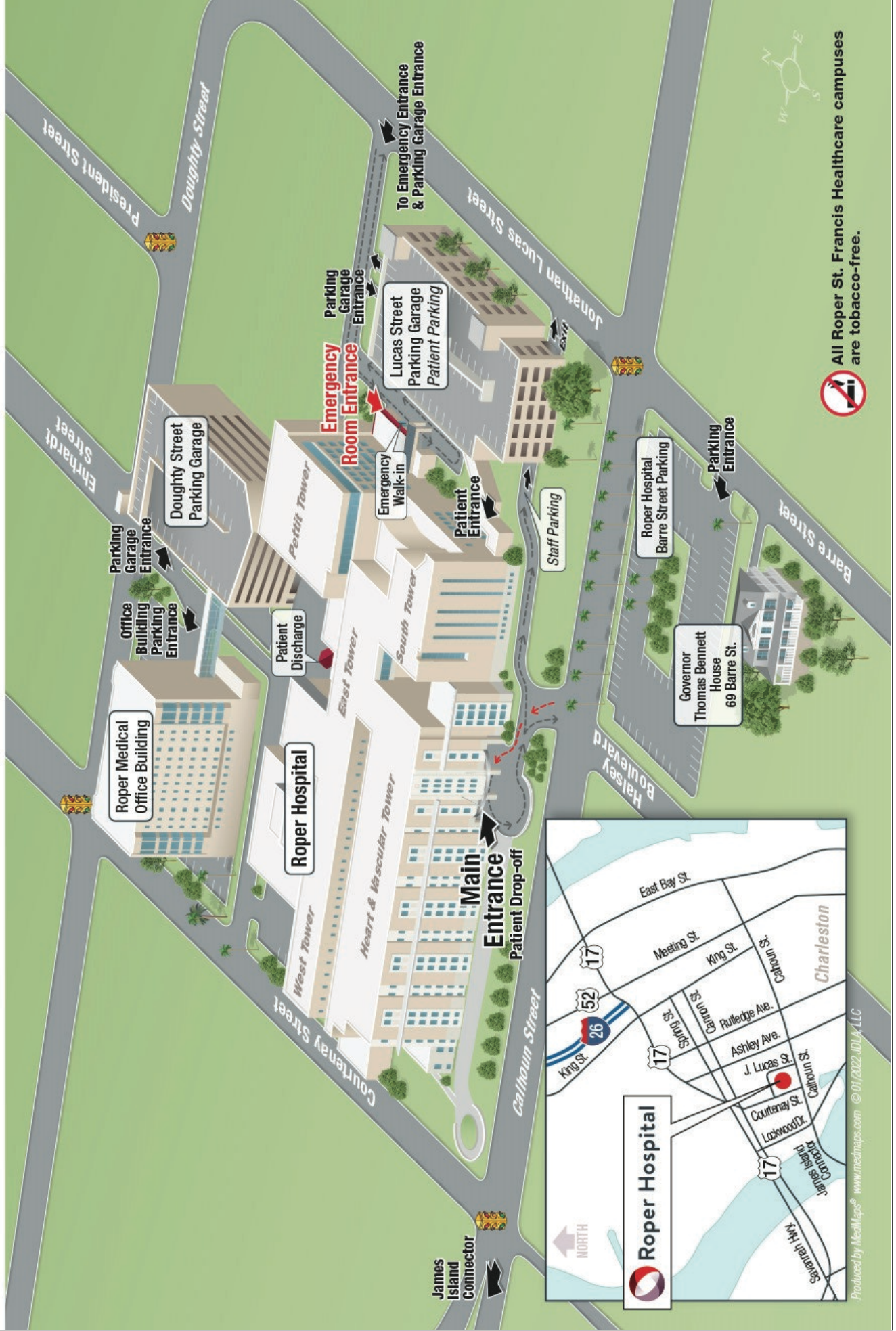
Restrooms Vending Stairs Waiting Area

**NORTH**



# Roper Hospital

316 Calhoun Street • Charleston, SC 29401  
843.724.2000 • [www.rsfh.com/roperhospital](http://www.rsfh.com/roperhospital)



All Roper St. Francis Healthcare campuses  
are tobacco-free.